CONNIE W. KITTRELL

CITY OF GALLATIN 132 WEST MAIN STREET GALLATIN, TN 37066

ALCOHOL and BEER INFORMATION SHEET

Name of	Business:				£
Business	Address:	Business Ph	one:		
Name of Applicant:		Date of Birth: P		Place of Birth:	
		Sex:		Eye Color:	=
Social Se	curity #:	Driver Licen	se #:		
Residenti	esidential Address: Residential Phone #:				
Previous	Residential Address:				
Previous	Employment:				
Previous	Employment Address:				e) 0
Have you	ever been arrested?				
If you ha	ve been arrested please list d	lates of arrest, charges, location	n of arrest and disposit	ion:	
			0		
I verify	that the foregoing state	ments are true and accura	ate to the best of my	y knowledge and belief.	
SIGNATURE OF APPLICANT DATE					
* * * *			*******	*****	* * * * *
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	FOR OFFICE USE				
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FOR OFFICE USE An Investigation has been completed at the Gallatin Police Department By: _____ Date: ____ Don Bandy, Chief of Police: